

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-021460

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5910

FILED JUN 13 1963

VS 300
Rev. 4/59

1

2 223

3

4 0

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13

DATE AMENDED

2

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13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St Louis

c. NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Alexian Bros Hosp

Length of stay in 1b

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

c. CITY

OR
TOWN

St Louis

d. STREET

ADDRESS

2209 S 11th Street

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Mirko Mike Michell Crnkovich

4. DATE

OF
DEATH

Month

Day

Year

June 3 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

10/30/85

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Wood Plainer

10b. KIND OF BUSINESS OR INDUSTRY

American Car

11. BIRTHPLACE (City and state or country)

Jugoslavia

12. CITIZEN OF WHAT COUNTRY

U S

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Anna Malcio

14. NAME OF HUSBAND OR WIFE

Mary (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

Joseph Crnkovich 7128 Pennsylvania

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Diabetes Mellitus;
Arterio Sclerosis
260XINTERVAL BETWEEN
ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

9:00 P

to and last saw her alive on m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helen L. Taylor, Coroner

22b. ADDRESS

1300 Clark Ave.

22c. DATE SIGNED

6-4-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

6/5/63

23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cemetery St Louis County Mo

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

Moydell Funeral Home 1926 Allen

ADDRESS

25. DATE RECD. BY LOCAL REG.

JUN 4 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Shadley P. Jaeller Jr

Licensed Embalmer No. 7950

P. O. Address

St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.